•	Court
	County
A PARTIE	Tennessee

AFFIDAVIT OF INCOME AND PROPERTY

Case Number

Comes now the Defendant(s) and subject	ot to the nenalty of perium	, makes oath and says that the following facts are true and that	there
s NO OTHER source of income or prop I. Full name:	perty other than that descri		there
Address:	THE SURLING WAS ENGINEED.	7. List all land/house/real estate/property you own:	
Phone #		DESCRIBE VALUE	
Soc. Sec. No		\$	
Employer:		\$	
Phone #		\$	
2. List all dependents:		\$	
Name Age	Relationship	8. List all personal property/cars/trucks/ furniture/stocks/bonds/tools/equipment you own and its t	otal
		value: DESCRIBE VALUE	
		Cars \$ \$	
3. List all income from any source:			
<u> </u>	per/wk □ /mo □,		199
from		C	
S	per/wk □ /mo □,	\$	
from		0 1: 11	
from	per/wk \(\mathref{\sigma}\) /mo \(\mathref{\sigma}\),	9. List all assets/property sold or transferred in the la	ast siz
from		months:	
receive CHILD SUPPORT in the sum	of	DESCRIBE VALUE	
\$ per		\$	
4. List all bank accounts:		\$	_
ACCOUNT BANK/SOURCE	BALANCE	\$	
	\$	\$	_
0-1-1-1	\$	\$	
Other:	\$	10. The last income tax I filed was for and it ref	
Other:	\$	an income of \$ and I attach a copy hereto of	or wil
		file the same within seven days.	
5. List all debts: CREDITOR/ADDRESS	BALANCE \$	LIST ALL PROPERTY YOU CLAIM TO BE EXIPURSUANT TO LAW:	EMP7
	\$	All clothing for myself and my family; all receptacles for	or said
	\$	clothing; family portraits; family Bible; school books; an	
	\$		
	\$		
6. List all monthly household expense	c.		
Rent/Mortgage:	\$		
Utilities:	\$	VERIFICATION AND OATH: Comes now the	
Health Insurance:	\$	Petitioner(s) / Defendant(s) and makes oath, subject to the	ne
Transportation Cost:	\$	penalty of perjury, that the information in this Motion for	
Food:	\$	Installment Payment is true to the best of Petitioner's	
Clothing:	\$	knowledge, information and belief.	
Other:	\$		
	\$	Defendant(s)	
	\$		
	\$		
TOTAL	\$	Sworn to and subscribed before me on	
		Clerk/Deputy Clerk/Notary Public	
		Commission Expires:	